

Bankers Trust *MyPayCard* Enrollment Form

Welcome to the Bankers Trust *MyPayCard* - an easy and efficient way to receive your paycheck! Completing the form below permits your employer to open your *MyPayCard* and deposit your paycheck directly onto this prepaid, VISA-branded card. No more waiting in line to cash a check and now your money has FDIC protection. MyPayCard provides you easy access via thousands of ATMs and merchants worldwide.

Employer Name: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: ____/____/____

Mother's Maiden Name: _____ Email Address: _____

Identification Type*: _____ ID Number: _____

ID Issue Date: _____ ID Expiration Date: _____

ID Issuing Entity: _____ ID Issuing Location: _____

*Must be current and valid, state or federal government issued, photo identification.

Monthly Statement: Free via Internet, OR Paper mailed statement (additional fees apply)

Deposit amount: Net Pay, OR Set Amount Each Pay Day of \$ _____

I hereby authorize my Employer, noted above, to create a Bankers Trust *MyPayCard* in my name and to initiate electronic credit entries, and if necessary correcting debit entries, to such card. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. Further I give Bankers Trust permission to contact my employer to assist with resolving matters concerning MyPayCard including, but not limited to, overdrafts, suspected fraud, or mail returned to the bank undeliverable.

By signing, I authorize the aforementioned and acknowledge the receipt of pre-acquisition account disclosures, the Short Form Disclosure and Long Form Disclosure. I understand that I do not have to accept a payroll card account and that there are alternative options to receive wages or salary which I have discussed with my Employer.

Employee Signature: _____ Date: ____/____/____

IMPORTANT NOTICES: Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Your employer must obtain the data above and submit electronically to Bankers Trust to create your MyPayCard. Your employer must keep records of such data on file in addition to this Enrollment Form.

Employer Use Only:

Customer/Employee Number: _____

Employee ID/Account Number (assigned by *MyPayCard*)

Processed by: _____

Date: ____/____/____

